TRA	05 CALL VEL 2 (REV. 1	EXPENSE CLAIM	See Instructions and *Privac ORIGINA Page 1 of 1 Pages													
CLAIMANT'S NAME SSAN OR EMPLOYEE NUMBER*										DEPARTMENT						
Glen POSITIO	Thom	nas		CB/ID NUMBI	FR	_; ; noivision	DIVISION OK BUREAU				Gov	ernor's C	Office	ADER		
Secretary				00,12			Office of the Secretary of Educati						131			
RESIDENCE ADDRESS *					<u>-:</u>	HEADQUA	HEADQUARTERS ADDRESS						TELEPHON			
1121 L Street #600					ZIP CODE		1121 L Street #600					STATE	916-322	2-9204 ZIP CODE		
				CA 95814		Sacramento					CA		95814			
(1) MONTH/YEAR (3)			(4) (5)		MEALS	1 =	(6) (7)		TRANSPORTAT				(8)	(9)		
December		LOCATION WHERE EXPENSES				07.10		(A)	(B)	(C)	DRIVA.	(D) TE CAR USE	BUSINESS	TOTAL		
(2)		WHERE EXPENSES WERE INCURRED	LODGING	BREAK-		O.T., L/T, N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF	TYPE	CARFARE, TOLLS,	MILES	1	EXPENSE	FOR DAY		
DATE	0620 -	-	ļ	FAST	LUNCH	01, 2		TRANS.	USED	PARKING	MILES	AMOUNT				
07	1800	Sacto/Burbank/return								9.00				9.00		
10	1100 -												ļ			
	2200 0600 -	Sacto/Burbank/return								9.00			ļ	9.00		
18	1600	Sacto/Burbank/return						119.85		9.00		·		128.85		
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	-															
<u>-</u>																
10) SUBTOTALS								440.05		27.00						
COLUMN CODE (ACCITE USE CNLY)								119.85		27.00				146.85		
	***********	M TOTAL							********		*********	\$	1	146.85		
	1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 12/07/09 California P-16 Council/Gates Foundation											(12) NORMAL WORK HOURS				
	12/10/09 Green Schools Event, Pasadena, CA											(13) PRIVATE VEHICLE LICENSE NUMBER				
12/18/09 Meeting with Mind Research Institute & Governor, Santa Monica, CA											(14) MILEAGE RATE CLAIMED					
											AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER					

15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

LAIMANT'S SI

AND PAYMENT

DATE